21 April 2007
Chemist+Druggist
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C+D

STOP

THE SWITCH

Don't let pharmacy lose pseudoephedrine

- Pharmacy focus in build up to Welsh Assembly elections
- Boots bidder says pharmacy key to takeover plans

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- **TENA** accounts for 82.3% of UK retail sales of incontinence products.[1]
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- The UK's ageing population means exceptional growth potential for **TENA *Pants***.

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Source: IRI 52 w/e 24/02/07 Total Volume Sales

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Product	Size	Pip code	Box contents
TENA *Pants* Discreet	M	313-0945	4 x 8 (32)
TENA *Pants* Discreet	L	313-0952	4 x 7 (28)
TENA *Pants* Discreet	M	283-2327	4 x 12 (48)
TENA *Pants* Discreet	L	283-2343	4 x 10 (40)
TENA *Pants* Plus	XS†	293-6425	4 x 11 (44)
TENA *Pants* Plus	S†	220-9864	4 x 14 (56)
TENA *Pants* Plus	M	220-9872	4 x 10 (40)
TENA *Pants* Plus	L	220-9880	4 x 8 (32)
TENA *Pants* Plus	XL	317-5064	4 x 12 (48)
TENA *Pants* Super	S†	317-5056	4 x 12 (48)
TENA *Pants* Super	M	296-6273	4 x 12 (48)
TENA *Pants* Super	L	296-6281	4 x 12 (48)

†Product suitable for older children/small adults. Packaging of this particular size may vary from the item shown.

TENA. The UK's No.1

UK sales of bladder weakness products 2007

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% TOTAL UK MARKET

Source: IRI Value Sales 4 w/e 24 Feb 2007

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C+D

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Cover: This week's Pharmacy Champion, Brian Rafferty. Picture: Charlie Milligan

Pharmacy on election battle agenda

Wales Major political parties gear up for election with promises to expand pharmacy's role

Labour

"We plan a greater role for local pharmacists, particularly in carrying out routine checks for conditions such as type 2 diabetes, high blood pressure and heart disease. We will develop pharmacy-based NHS drop-in centres to make healthcare more convenient for patients."

Conservatives

"A Welsh Conservative government would fully utilise the skills of pharmacists, particularly in chronic disease management."

LIBERAL DEMOCRATS

"We will encourage more GPs to become specialist GPs equipped to diagnose and treat more patients and increase and promote the use of extended prescribing so that appropriately trained nurses and pharmacists are able to prescribe a wide range of drugs. We will extend and promote the use of nurses and pharmacists in testing, screening and monitoring for a range of conditions, such as high blood pressure, diabetes and cholesterol testing."

Wesley Yin-Poole

Pharmacy bodies in Wales have unanimously welcomed promises from the major political parties to expand pharmacy's role as the country gears up for the Welsh Assembly elections on May 3.

In Labour's manifesto the party revealed plans to implement a "greater role for local pharmacists", particularly in carrying out routine checks for conditions such as type 2 diabetes, high blood pressure and heart disease. The party also promised to develop pharmacy-based NHS drop-in centres "to make health care more convenient for patients".

Peter Jones, chairman of the Welsh Pharmacy Board of the RPSGB, said it was "encouraging" to note that Welsh political parties have all expressed their support for "advancing the role of the pharmacy profession".

Chris Martin, chair of Pembrokeshire health board, said he was "pleased" that pharmacy has been getting "strong representation within the manifestos". He added: "There is recognition that pharmacy has been under-utilised in the past."

A number of Wales-based pharmacy bodies have lobbied the Welsh Assembly Government (WAG) on the growing role pharmacy can play in health care. The Society is currently arranging visits for prospective assembly members to a pharmacy in their constituency.

However, Mr Martin urged caution on what effect the pledges might have for pharmacy on the ground. He said: "We will need to wait till after May to see what the colour of the political landscape is. We need now to make sure that we pick up the baton and run with this to make sure that the manifesto issues are brought to the fore."

Welsh LTC report disappoints

Wales Pharmacy confined to one paragraph in 33-page document

The NPA has expressed "surprise" and "disappointment" at a Welsh government report, released last week, on the management of long-term conditions.

The 33-page report contains one paragraph on how pharmacy can help in this area, including "improving medicines management, providing front line information and support for better prescribing in a community and acute setting, and supporting hospital discharge".

Steve Simmonds, NHS service development manager at the NPA, said: "Community pharmacy has a lot more to offer than what is included in the report."

However, Cath Savage, the RPSGB's director for Wales, who chaired the pharmacy sub-group charged with investigating long-term condition management on behalf of the Welsh government, defended the report, describing it as a "foundation document" which "sets the scene" for pharmacy in Wales.

The government will produce a more detailed national implementation plan based on the feedback from the various sub-group involved in the report.

Miss Savage also revealed that the Society plans to publish a document that contains Welsh best practice examples in long-term condition management, to be distributed throughout the NHS "within the next few weeks". **WYP**

Fall in funds prompts Society to keep an eye on the books

RPSGB Accumulated funds down 31 per cent on 2005

The Royal Pharmaceutical Society's financial reserves are finely balanced after it reported a dip in funds last year.

In its annual review for 2006, the RPSGB revealed that total accumulated funds slipped by almost a third to £4 million after its pension deficit was absorbed. Last year the figure stood at £5,247,000.

The Society said it was not worried by the fall, which was expected, but that a continuation of the trend would require action. "Given the status of the pension fund and uncertainty regarding the future, any further deterioration in reserves would be a matter of concern and would need to be addressed with some urgency," it said.

The Society's overall income growth was flat. An 8.5 per cent increase in retention fees was

cancelled out by a loss of income from the Animal Medicines Division, Medicines Partnership and Drug Testing Schemes.

Expenditure edged higher, led by an £880,000 rise in the cost of professional and regulatory activities. Investment in the Society's Lambeth headquarters and a new office in Cardiff meant that capital expenditure topped £2.6m. **TH**

News in brief

English board finds feet

The newly formed English Pharmacy Board of the RPSGB met for the second time last week.

Issues discussed included priorities for its work programme, how it will work with the branches and regions of the Society, and practice-based commissioning.

New Frontiers online

To discover new companies lookin to launch their products into UK pharmacies, download the New Frontiers supplement from www.dotpharmacy.com

New Frontiers gave new and potential entrants to the UK pharmacy market a chance to me the main buyers and learn about how to launch in the UK.

new frontiers

Stop the Switch: C+D campaign urges rethink on 'draconian' plans

Campaign Stop ephedrine and pseudoephedrine switch to POM status

C+D staff

C+D has launched a campaign to defend pharmacy against plans to change medicines containing ephedrine and pseudoephedrine from pharmacy to prescription-only status.

Under the banner of Stop the Switch, C+D will push for the Medicines and Healthcare products Regulatory Authority to reconsider its radical suggestion to switch the medicines from P to POM.

At the same time, the campaign will highlight the important role that pharmacy can play in controlling the supply of such medicines, which can be used to manufacture the highly addictive drug methylamphetamine (crystal meth).

The All-Party Parliamentary Group (APPG) for Primary Care and Public Health and the APPG for Drug Misuse convened in Westminster this week to begin a joint inquiry into the MHRA's proposals.

Inquiry chairman Dr Howard Stoate MP said: "We'd like to find a way that's not quite so draconian but still addresses the problem."

Neal Patel, head of communications at the NPA, said pharmacy had the "tools and rules" to play a greater role in restricting the illicit manufacture of crystal meth. He added:"This is so much against the government's policy of trying to make medicines available to patients that need them."

The RPSGB has made a stand against the plans. President Hemant Patel and Paul Bennett, chairman of the English Board, provided oral evidence at the cross party session on Wednesday.

David Pruce, director of practice and quality improvement, said: "The potential for widespread misuse could be controlled via retaining P status and tightening control through pharmacy."

Methylamphetamine was reclassified as a Class A controlled drug in January partly to prevent a rise in misuse reported by the Association of Chief Police Officers.

The current scale of the problem is believed to be low but evidence is scarce. Questions to assess the prevalence of the highly addictive drug were included in this year's British Crime Survey and Scottish Crime and Victimisation Survey for the first time.

Figures for the wider use of amphetamines by 16 to 59 year olds in Britain show a drop from 3 per cent in 1998 to 1.3 per cent in 2005-06.

Martin Barnes, chief executive of drug information charity DrugScope, said: "The use of methylamphetamine or 'crystal meth' in the UK does appear to be limited at present – but we want to keep it that way."

Stop the Switch

The issue:
The government plans to reclassify medicines containing pseudoephedrine and ephedrine from pharmacy to prescription-only status.

Why:
The MHRA claims the move will stop criminals buying medicines from pharmacies and using them to manufacturer the class A drug methylamphetamine. However, the amount of the drug produced this way is unclear. The USA, Australia and New Zealand are recording far greater methylamphetamine abuse than the UK, according to the Proprietary Association of Great Britain. All of these countries have followed the UK in introducing sales restrictions.

The impact:
- Restricts ability to treat patients for minor ailments.
- Disrupts patients who will no longer be able to access safe and clinically effective medicines such as Beechams, Benylin and Lemsip cold and flu remedies from the convenience of their local pharmacy, but only via an appointment with their GP.
- Increases GP workloads and NHS costs.
- Undermines the government's pledge to enhance the healthcare role of pharmacists and contradicts its demand for patient choice.

Our campaign:
C+D will call on the MHRA to look at other ways of regulating the sale of medicines containing pseudoephedrine and ephedrine other than a switch to POM status.

We recognise pharmacists can do more to tackle methylamphetamine abuse and will work with police officials to champion the best defence against criminals. The campaign will highlight the strength of opposition to the government proposals among pharmacists and pharmacy bodies.

What can you do:
Contact C+D to voice your support by emailing stoptheswitch@cmpmedica.com, call 01732 377315 and visit www.dotpharmacy.com/stoptheswitch

Your views

ENGLAND

"I think keeping a note of patient details with every sale of pseudoephedrine and ephedrine-based product will be more beneficial than a switch to POM. The workload for the GPs will be huge if this goes ahead." **Chris Ball, Hurn Chemist, Norwich**

"I think the whole idea of switching from P to POM is barmy. It's disgraceful when we are working so hard to take on greater healthcare responsibilities and improve access to medicines." **Carol Heydon, Cowern & Hartshorne Chemists, Great Wyrley**

WALES

"The MHRA has gone far too far in its assumptions. If pharmacists can't be trusted to take a stance and not sell multiple packs of products for cold remedies then we might as well pack up and go home." **David Barlow, David Barlow Pharmacy, Rhosneigr**

"We wouldn't be able to sell anything for colds or catarrh if this switch went ahead. I'd support C+D's campaign." **John Davies, J A Davies, Criccieth**

NORTHERN IRELAND

"I think it's rash. I would be concerned with how it would affect the minor ailments scheme. It's just a remarkable drug that's used for lots of products. It would definitely put pressure on GPs. We would have an awful lot of disgruntled customers." **Helen O'Conner, Village Pharmacy, Newtownabbey, County Antrim**

"It's a very close community around here. There's no problem with methylamphetamine abuse. It's a complete overreaction." **Joanne Duncan, RA Glover Pharmacy, Magherafelt, Londonderry**

SCOTLAND

"If you're going to trust the pharmacists in the system you need to reinforce the system and target problem areas and not make sweeping changes." **Gordon Brown, Browns Pharmacy Healthcare, Perth**

"This is a retrograde step. Pharmacists are not expected to exercise control. It seems like a classic case of using a hammer to crack a nutshell." **Robbie McGregor, Lindsay & Gilmour, Edinburgh**

News in brief

£300,000 up for grabs

Numark has launched its £300,000 bid to help members raise the local profile of their pharmacy. Members can now apply for funding previously used to support Numark's OTC brand TV advertising campaign.

Sponsorship schemes include pharmacies running a mother and baby clinic or smoking cessation in local businesses, said Numark.

CHRE chairman quits

Jane Wesson, chairman of the Council for Healthcare Regulatory Excellence since 2003, has stepped down. CHRE will elect a new chairman following the appointment of a new lay member of the council. Rosie Varley, chairman of the General Optical Council, will fulfil the functions of CHRE chairman.

NI pay rise welcomed

The Pharmaceutical Contractors Committee has welcomed the £2 million pay rise for N Ireland's pharmacists, reported in last week's C+D, but emphasised that it is "the first step" in the process of ensuring best quality care.

NPA chases chief

The NPA has received 19 applications for its £125,000 a year chief executive post. Collette McCreedy has taken temporary charge while the hunt for a replacement for outgoing chief John D'Arcy continues.

UniChem student prize

UniChem has launched its 2007 Customer Forum Pharmacy Student Award, in association with the BPSA. It offers a £500 cash prize, two free places at the 2008 BPSA annual conference and the opportunity to take part in one month's work experience at a UniChem pharmacy. More info from communications@unichem.co.uk

Health research boost

Twenty nine UK health research programmes are set to receive £45 million in funding, the government has announced. Areas to benefit include mental health, medicines for children, diabetes, stroke and dementias, and neurology. For more info visit www.dh.gov.uk

Boots bidder eases pharmacy sell-off fears

Multiples Private equity giant pledges to keep village stores open

Tom Hawkins

Private equity firm KKR has hit back at accusations that more than 100 pharmacies would close if it wins the race to buy Alliance Boots.

The company, which is partnering deputy chairman Stefano Pessina in his bid for the multiple, was responding to claims made by the GMB union that 131 sites were under threat if Alliance Boots fell into the hands of private equity owners.

It said: "In the event, hypothetically, we were to own the business, we have absolutely no intention of closing village pharmacies, which are the backbone of the business."

Paul Maloney, GMB national secretary, told C+D that the union was "in the throws" of contacting PCTs and health trusts to urge them to oppose a private equity takeover, which it fears could lead to staff cuts and pharmacy properties in expensive areas being sold.

He said: "Ministers need to ask what will happen to prices and to the number of stores if interest rates rise or if there is some other downturn in the market."

Last month Alliance Boots announced a £65 million investment to refit 900 of its smaller community pharmacies under the 'your local Boots pharmacy' brand.

Boots stores will be safe in the hands of KKR, claims the private equity firm

Meanwhile, Terra Firma and Wellcome Trust have reportedly gained access to Alliance Boots' books after confirming their interest in a possible takeover last week. The partners face stiff competition from Pessina and KKR, who are understood to be in the final stages of preparing an official offer.

UK bottom of diabetes table

Survey Pharmacy key to turnaround

The majority of diabetic Britons lack the information they need to adequately care for their condition, an international survey of diabetes care has said.

The survey of five European countries shows that 60 per cent of British patients had not been given specific recommendations on checking their blood glucose levels. This compares to 20 per cent of patients in Germany.

The survey revealed around 17 per cent of diabetics gain information on their condition from a pharmacist. The profession is crucial to boosting communication in the future, said Paul Gimson, RPSGB lead pharmacist for long-term care. He said: "The RPSGB urges commissioners to consider the potential benefit of pharmacy when designing services, and encourages the public to consider advice pharmacists could provide." **AC**

Coronation Street star and diabetes patient Sue Cleaver, with Tesco pharmacy services manager Philip Banks, launches Tesco's free diabetes screening service in the week Britain's diabetics were revealed among the most poorly educated on their condition in Europe

Pharmacy eye on depression

Practice GPs failing sufferers, says report

Pharmacists could help catch early cases of depression currently being missed by GPs, according to the author of a report on mental health services.

Contractors are key to combating "inadequacies" in the diagnosis and management of depression under the GP contract, said an advisor behind the report that roundly criticised doctor-led services.

Carol Peyton, chief pharmacist at Oxlea NHS Trust, told C+D: "There's an awful lot pharmacists can do. They are taking on treatment of patients with chronic conditions and those in pain are more at risk of depression. It's a matter of asking screening questions and referring cases to GPs."

The Now We're Talking survey of more than 450 depression sufferers by leading mental health charities found 38 per cent felt quicker diagnosis would improve management of their condition. The study also claimed more than 50 per cent of patients treated with antidepressants failed to complete their course. **MG**

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News in brief

Nice review

Nice has announced a schedule to review its appraisal methods outlined in the Guide to the Methods of Technology Appraisal.

Nice provides the document as a guide for organisations submitting evidence to its technology appraisals. It was first published in 2001 and reviewed in 2004.

The revised draft will be published in November this year, when it will be available for public consultation for three months.

Website a direct hit

More than two million people visited NHS Direct's website last month, more than double the hit rate in 2005 and 55 per cent more than the monthly target of 1.4m.

Most visited was the health encyclopaedia section, followed by the self-help guide. The leading topics for enquiries were chicken pox and joint pains.

Free health tests

Peter Badham, managing director of Badham Pharmacy, Cheltenham, Gloucestershire, is celebrating the opening of his seventh branch in Churchdown with a free health promotion roadshow this week, which will provide free cholesterol, diabetes, BMI, blood pressure and blood count tests.

Mr Badham, who expects around 2,000 visitors, said: "Pharmacists are constantly changing their roles, but I don't think any pharmacist has provided all these services under one roof before."

YPG to run pharmacy

The Young Pharmacists' Group has received an LPS contract to operate a community pharmacy at the Priory Road Estate in Dudley, West Midlands.

The YPG has been seeking to open its own pharmacy since 2001. It has secured more than £200,000 in financial support, with a further £50,000 worth of pledges, said project manager Mark Koziol.

MHF on gender duty

The Men's Health Forum is urging NHS organisations to take a gender-sensitive approach to health service provision to meet the terms of the Equality Act 2006 and improve men's health.

Iron bar attacker is told he could be jailed

Legal Pharmacist admits assaulting disciplinary hearing official

A pharmacist who attacked a legal official with an iron bar after being struck off the pharmacists' register could face a jail sentence.

Samuel Edwin Ashby, 61, who previously lived in Grantham but now lives in Hastings, pleaded guilty at Inner London Crown Court to assault causing actual bodily harm during the incident last October.

Sentencing was adjourned until June 18 for pre-sentence and psychiatric reports.

Judge Quentin Campbell warned Mr Ashby, though, that the case "passes the custody threshold" and ordered reports having been told there was a "long and complicated background".

Mr Ashby lashed out at Desmond Fitzpatrick during a Royal Pharmaceutical Society's Statutory Committee over allegations of rudeness while working as a locum at Weymouth, Norwich, Llandridod Wells, and Bridlington.

The attack came after chair of the disciplinary hearing, Lord Fraser of Carmyllie, had told Mr Ashby he was going to be struck off and described Mr Ashby as a person who was "high on self-importance and self-pity".

At that point Mr Ashby clambered over the line of tables in front of him and walked towards Lord Fraser, slamming down some papers.

He then climbed over some desks to return to his seat, pulled the iron bolt from a bag and hit Mr Fitzpatrick with it repeatedly, causing a gash that required seven stitches.

Jackie Samuels, defending, said her client had been seen by a psychiatrist and she requested psychiatric and pre-sentence reports, which the judge allowed.

Mr Ashby was granted unconditional bail. **UKL**

Staff at Lloydspharmacy in Woodley, Berkshire, have won an award from the Wokingham Area Access Group for work they have done to improve access facilities for physically disabled customers and those with learning difficulties. They were nominated by customers. Retail sales manager Ann Hiles, pictured holding the certificate, said Lloydspharmacy planners had widened the aisles and improved the layout. "WAAG inspected the shop and sent in a customer with his guide dog to see how we responded. We didn't ignore him and he was pleased that we asked if he needed anything"

Intervention is key to P medicine sales

RPSGB Organisations respond to Society consultation on self-selection

Intervention and advice from a competent pharmacy staff member should remain the focus of Pharmacy (P) medicines sales, pharmacy representatives have said in response to an RPSGB consultation on self-selection of medicines.

Lobbying for open display rather than self-selection of P medicines, the NPA said that physical barriers such as dummy packs, Perspex screens, glass cupboards or transparent lockable security packs are all options to be explored.

However, before implementing an change, staff will need to be supported by training, and materials for use at point of sale, and in audit, the NPA added. In its response to th consultation, which closed on April (C+D, March 3, p6), the Company Chemists' Association adds the RPSGB should regulate for intervention, but leave the practicalities of how medicines are displayed to individual pharmacies.

CCA chief executive Rob Darraco said: "Limiting self-selection is a lo tech way of ensuring that the pharmacist can intervene. The market will want to test different ways of presenting medicines to the public, but the key factor is maintaining the opportunity for professional intervention."

More details from www.npa.co.u and www.thecca.org.uk **AC**

Take your pick: consultation prompts range of views on self-selection of P medicines

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[1] Bio'sat Market Research 2005 [2] Marketing Sciences Consumer Research 2006

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Pharmacy Champions

Pharmacists leading the way

Name
Brian Rafferty

Pharmacy
The Village Pharmacy, South Woodham Ferrers, Essex

What has he done?
Almost doubled prescription volume in two years by building a rapport with his customers and healthcare professionals

What have you set up?
I run a small pharmacy on the outskirts of a commuter town. Two years ago we had a complete refit, which included a large consultation room. It portrays a highly professional image of pharmacy and allows me to provide blood pressure and diabetes checks and lipid profile testing. PCT services include smoking cessation, needle exchange, supervised methadone and EHC. To date I've done more than 300 MURs – I should reach the 400 threshold very soon.

In addition, a homoeopath regularly runs a clinic and external health professionals provide chiropody, osteoporosis and allergy testing.

What has been the high and low point of setting up the services?
There are many high points. Although prescription business has doubled in two years, the most important part of the service is the human contact. We regularly receive compliments from the customers who tell us that our pharmacy offers a fantastic service and is always their first port of call for advice. I've spent a lot of time on the counter greeting customers, smiling, making eye contact and learning their names. They appreciate this and tell their neighbours.

How have the patients and GPs reacted?
The one-to-one contact has reinforced the message that we are genuinely interested in the welfare of our patients and they recognise this. My professional knowledge gained from studying for a medicines management certificate, diploma in clinical pharmacy and regular CPD show that I am both confident and competent to work with GPs and I've gained their respect.

Do you have any advice for others?
Know your stuff and build a rapport with your contacts. Talk to and visit your GP practices as often as you can. For many months I personally collected repeat prescriptions from all our local practices. Being on first-name terms with GPs, nurses and receptionists is vital.

Get out on the counter and talk to your patients. Ask them how they are and remember their names. Spend a day finding out how many people know your name. Also get your name known in the locality. I write regular health articles in the local magazine, which the customers read. It's been a good way to advertise the pharmacy.

Why do you think you have been successful?
I've built up a team with the right attitude. I lead by example and expect staff to treat the patients as I do

Has offering the new service improved your job satisfaction?
I was recently awarded a certificate in recognition of my 'services to the community' by the mayor of Chelmsford Council. What more can I say?

What are your other interests?
I do a lot for the Williams Syndrome Foundation and in two years I've raised more than £30,000 for the charity. My son has the condition which, like Down's Syndrome, is caused by an abnormality in chromosomes. It's made me more human somehow and I want to do something to help.

The customers also know how much I do for them and they want to repay me in some way. I sold mince pies in the shop last Christmas and collected £125 for the foundation.

If you were in charge of pharmacy for just one day, what would you change?
I would change the attitude of some pharmacists who are all 'doom and gloom' about their work. It's not like that if you have the right attitude. Be positive and it will bring in the customers and brush off on your staff.

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Your views

Patricia Hewitt avoids falling on her sword

Colin Brown speculates on what the Cabinet may look like when the inevitable reshuffle happens this summer

Break-even day for the NHS also secured Patricia Hewitt's position before the change of power in Number 10 Downing Street.

Gordon Brown has been impressed by her management of the NHS and I would bet that she will be kept in the Cabinet when he takes over from Tony Blair at the end of June.

However, I doubt that she will want to stay at the Department of Health. That raises the question of who will replace her. Mr Brown is acutely conscious that he needs to keep the NHS relatively quiet and a safe pair of hands is required.

Andy Burnham, the minister of state who was put in charge of NHS finances after being responsible for community pharmacies, is being tipped for a promotion to the Cabinet in the first Brown budget. He has earned first refusal on the post. Others who could be knocking on the door include Jacqui Smith, currently the government chief whip, but he could opt for safety and appoint his close ally, Alastair Darling, currently the trade and industry secretary.

The milestone of April 1 passed without so much as a murmur from Patricia Hewitt. It was like the dog that didn't bark. The health secretary had vowed to resign if the NHS was still in the red overall by the start of the new financial year.

By careful management of the figures, some would say 'massaging' of the accounts, she avoided having to fall on her sword.

The great escape was managed by a combination of devices to show that the NHS as a whole was back in the black. This included wiping out debts for some trusts, including Whipps Cross Hospital, which saw its deficit written down from £30 million to £15m at the stroke of a pen.

PCTs with surpluses were also ordered to 'loan' funds to those in deficit. A £450m contingency fund was also used to suspend a 'double accounting' rule in the NHS that had caused more than 28 hospital trusts to go deeper into the red. Under this rule, a trust in deficit had to pay the money back on top of losing the same amount from its budget, leaving it with a so-called 'double whammy' penalty.

Ms Hewitt said the ending of the rule was the final part of a major set of financial reforms for the NHS, which would end the process under which the north and the Midlands were expected each year to bail out those authorities which regularly overspent their budgets.

Some of the PCTs that are facing the squeeze will have less money to spend on community pharmacy services and it is wise to remember that the exercise was carried out to prepare the ground for 2008 when the big rises in NHS spending tail off.

Colin Brown is political correspondent for the Independent

Your letters

Move pseudoephedrine to POM? No

In the USA methylamphetamine use is described as an "epidemic". Officials estimate there are 1.5 million regular users there today. As of 2003, according to the National Survey on Drug Use and Health, 12.3 million Americans had tried methylamphetamine - up 156 per cent on 1996.

Faced with those statistics, policy makers in Whitehall [illegible] wringing over the possible transmission of the US "meth" epidemic to the UK, would be forgiven for a knee jerk reaction. That could include a recommendation such as the current proposal to reclassify pseudoephedrine from P to POM.

No-one can argue that methylamphetamine has the potential to cause devastating harm to users, their families and the communities in which they live. And any action that effectively reduces meth availability would seem sensible.

On the face of it, restricting the accessibility of a safe, effective decongestant medicine would seem a price worth paying if it reduces methylamphetamine supply. But would it? Fortunately the experience of other countries helps; in the USA there are new policies to reduce the availability of OTC pseudoephedrine and there is now evidence available on the effects that this has had on methylamphetamine production.

It is important to note that in the USA pseudoephedrine was previously available for self-selection by customers in non-pharmacy outlets, in larger packs (250 tablets) and in higher strengths than in the UK. Even with this wide availability, only 10 per cent of illicit methylamphetamine was produced from OTC medicines and the majority was acquired by theft.

Most US states have responded by implementing pharmacy-only sale restrictions similar to those we currently have in place here.

The key piece of evidence from the USA is that even when pseudoephedrine was restricted to pharmacy sale (including a provision to keep stock behind the counter that dramatically decreased theft) the amount of methylamphetamine available on the street remained the same, proving that the major source of pseudoephedrine was not from non-prescription medicines.

For some in government it may be enough to hope that in the UK the move from P to POM of pseudoephedrine would have a preventative effect on a feared explosion of methylamphetamine use. But such a move would mean accepting some pretty unpleasant side effects. People seeking pseudoephedrine to obtain symptom relief for colds would have to take up valuable NHS resources by seeing their GP. If they do, and are hoping to get a familiar branded product prescribed on the NHS, they'll be disappointed; most are blacklisted.

What the NPA isn't arguing for is the status quo. We believe that an appropriate, measured response would be to reduce the pack size to 720mg and restrict sales to one pack per person and, if necessary, we would be willing to explore further restrictions within the P category. What we cannot accept is the proposal to shift pseudoephedrine to POM. An action perhaps acceptable as an initial knee jerk response but one that collapses under scrutiny to become an unnecessary, ineffective and token action in the fight against illicit drug production. Or, to put it more simply, it's the wrong answer.

Michelle Styles is head of information at the NPA

For a closer look at the evidence, see next week's C+D ›

Comment from the editor

Is pseudoephedrine switch a solution to the problem?

Let's make one thing clear from the start: community pharmacy does not take lightly the warnings over methylamphetamine abuse.

Drug misuse is a serious problem with widespread implications. It requires a co-ordinated strategy to tackle the issue and its root causes and pharmacists must play their part.

The profession must take seriously the point, contained in the MHRA proposal to make pseudoephedrine and ephedrine prescription-only, that in specific cases the police have found that multiple packs of pseudoephedrine-containing products have been bought from pharmacies and used to make methylamphetamine.

But is making such products POM the solution to the problem? What is it that GPs will ask in the consultation process that pharmacists cannot do as part of an OTC sale? Does conferring prescription-only status make a medicine free from abuse?

The CCA, while highlighting the fact that the UK does not have a methylamphetamine problem yet, makes it clear that the nature of the MHRA's proposal warrants a serious response from pharmacy. So how can we demonstrate to the authorities that we can offer a valid solution to prevent a rise in methylamphetamine abuse?

The case against pharmacy is centred around the purchase of multiple packs of pseudoephedrine products and the purchase of single packs from multiple pharmacies. Is it not reasonable to suggest that a high-profile consumer awareness campaign coupled with smaller pack sizes and a more stringent sales code would have an impact on those purchasers with ulterior motives?

Consumers are used to talking to pharmacists about confidential matters and, in the case of some CD prescriptions, having to confirm their identity, so why not create a P–POM hybrid class of supply? This could mean patients wanting a pseudoephedrine product must provide ID. This and the reason for supply is recorded in the pharmacy PMR (a process not too dissimilar to seeing a GP). Certainly this should be considered before a drastic measure such as a P to POM switch is made.

The MHRA proposal is open for consultation until June 1 and it is vital that pharmacists respond. What drug misuse problems do you have in your area? Have you noted unusual pseudoephedrine sales? Are you tightening your OTC procedures? Are there alternatives to the MHRA proposal?

Join the debate. Email your views to stoptheswitch@cmpmedica.com or fax to 01732 367065.

What is it that GPs ask that pharmacists cannot do as part of an OTC sale?

Your views

Pharmacy can lead the way in public health campaigning

Hemant Patel says the profession must grasp the opportunities to push itself forward and highlight its services

Last month the Society played host to more than 120 guests at the Council dinner where health minister Andy Burnham emphasised pharmacists' increasing role in providing local services. His sentiments echoed the excellent work that many pharmacists are already undertaking across England, Scotland and Wales.

One area where pharmacists have a proven track record is in smoking cessation. Smoking is the greatest cause of preventable illness and premature death in the UK, killing more than 120,000 people a year. Smoking is linked to, among other things, an increased prevalence of many forms of cancer and an increased risk of cardiovascular and respiratory disease. Thankfully smoking bans in most enclosed places have now come into force in Scotland and Wales. England is next and, as recent figures from Scotland show, the bans have led to an increase in those seeking help to quit.

Community pharmacists, based in the places where people live, work and shop, are ideally placed to provide advice, supply and prescribe NRT and other medication, offer counselling and refer clients on to other support services. But for the service to be most effective, primary care organisations need to commission enhanced smoking cessation services from pharmacy. Unfortunately, and unbelievably, we have seen evidence of some primary care trusts in England cutting back on the funding available for smoking cessation services and the Society will continue to bring this issue to the attention of ministers.

The Society is also working to support pharmacists and the practice division has developed a smoking cessation pack which will soon be available on the Society's website. This comes hot on the heels of the public health materials developed by PharmacyHealthLink in partnership with the DH and sent to every community pharmacy in England.

Men's health is another area of public health that the Society is focusing on this year. We have joined forces with other healthcare organisations and become a partner in the Men's Health Forum, an independent body set up to tackle the issues affecting the health and wellbeing of boys and men in England and Wales.

National Men's Health Week 2007 takes place from June 11 to 17 and this year centres on long-term medical conditions, an area of particular interest to pharmacists. It is estimated that one in three people in the UK is coping with a long-term medical condition, including cardiovascular disease, prostate cancer, diabetes, HIV or Aids, as well as long-term mental health problems such as anxiety or depression.

However, men are much less likely to visit a doctor or engage with other health services, and health promotion campaigns often fail to take account of the need for 'gender sensitivity' in reaching male audiences. The accessibility of pharmacies provide the ideal answer.

I know it's not always easy to look ahead and plan for future events. But smoking cessation and men's health are helping bring pharmacy to the forefront of the public's attention and it's important that we grasp these opportunities to engage and really sell the expert service we offer.

What are you doing to develop new pharmacy-based services? Please write to president@rpsgb.org and let me know.

Hemant Patel FRPharmS
RPSGB president

Xrayser

Topical Reflections

Safety first for drug names

Common sense often prevails in an argument, but sometimes the best solution is not always reached for the right reasons. One example is a block on the registration of Felendil as a branded generic name for felodipine (C+D, April 14, p8).

I'm glad the Trademark Registry has upheld AstraZeneca's objection that this name would cause confusion with its own hypertension drug, Plendil. While I'm not particularly bothered about the commercial interests of either company involved it is plain common sense that every drug name should be as different from every other as possible.

I know that safety considerations in this case are minimal as both preparations contain the same drug, but any element of confusion, whether in the mind of the prescriber, the dispenser or the patient, is potentially dangerous.

It is thought that similar names are responsible for up to 25 per cent of all medication errors. How many times have we all done a double take when checking prescriptions for Lamictal and Lamisil or Amias and Amaryl? The CSM warned of confusion between Lamictal and Lamisil in 1997, with Glaxo issuing a number of its own warnings since.

Computerised patient records and prescriptions have reduced the scope for handwriting errors but human error will always be with us.

Every effort must be made to reduce the scope for this when patient safety is at stake, and recent steps from some generic manufacturers to clearly differentiate products by their packaging is welcome progress. But surely there must be a safer way to choose drug names.

If implemented, recent OFT proposals on drug pricing could cut the use of branded generics for sound commercial reasons and much of this becomes academic anyway. We all recognise that the pharmaceutical industry is so successful because of its sound commercial base, but safety must be paramount.

In practice a drug with a similar sounding name to any other will not be used as safely as it could be. This scope for error is not included in the clinical trials on which prescribers base their decision. Perhaps it should be, in an effort to select the safest possible drugs.

Gently does it with prescription charges

I seem to have got away with implementing the annual prescription charge increase without anyone threatening to kill me, or even having to listen to too much foul language or criticism of the government. I can't decide if this is because the whole nation has become politically apathetic, generally better off, or they have simply come to expect a small annual rise.

Whatever the reason for this lack of reaction, the government seems to have settled on the sum of 20p as enough to keep up with inflation but not so much to overly upset anyone. But while 20p really isn't much to most people, it soon mounts up and £6.85 is a significant, if not quite princely, sum.

Whatever the current review of prescription charges in England concludes, they are most unlikely to disappear completely. A little tweaking would make sense, but while there are few complaints we're unlikely to see any radical overhaul.

CD

LPC Inbox

Making changes for the better

The LPC conference and PSNC dinner was an opportunity to meet the great and the good of community pharmacy with some excellent discussion, but perhaps it is time to rethink the format of both.

The conference needs to find a joined-up way to reduce overlap of resolutions and to provide more opportunity for LPCs to debate key issues instead of hearing presentations and updates from PSNC.

The dinner is failing to attract many MPs and some LPCs decided that the cost and environs are inappropriate for influencing their local stakeholders; we have also failed to attract good quality government speakers on the last two occasions, although Andy Burnham did leave a few doors

The dinner is failing to attract many MPs and some LPCs decided that the cost and environs are inappropriate for influencing their local stakeholders

open on PBC. One common message was the thanks to Barry Andrews for his admirable achievements during his term in office.

One of the most interesting post-conference announcements is that the PSNC and NPA are in merger talks, something that was mooted in this column last September. This makes total common sense and the timing is appropriate, given the plan to create a royal college and GPC.

I was also pleased to read that there is a consensus among existing professional representative bodies for a single college with a number of potential faculties.

As ever, there is much detail yet to be resolved, but the direction of travel is positive.

Written by an LPC officer

C+D

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(fax): 01732 367065
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Sales Director, Healthcare
Ruth McKay 020 7921 8456
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Group Publishing Director
Phil Johnson

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Email **firstinitialsurname@cmpmedica.com**

Editor
01732 377688
gparagpuri@cmpmedica.com

News Editor
01732 377315
mgosney@cmpmedica.com

Online Editor
01732 377284
thawkins@cmpmedica.com

Clinical and CPD Editor
01732 377463
gmatkin@cmpmedica.com

Features Editor
01732 377435
fsalvage@cmpmedica.com

Marketing Editor
01732 377600
lribbens@cmpmedica.com

C+D Clinical

Stem cells: behind the headlines

This article looks beyond the media hype to the science involved in current research

Key points

- While some astounding advances have been made, researchers have to overcome several scientific, ethical and technical hurdles before stem cell technology realises its clinical potential.
- Providing the biochemical conditions are right, many stem cells can develop into a wide range of tissues.
- Using adult rather than embryonic stem cells overcomes the ethical problems, but they are usually more difficult to grow and produce a narrower range of tissues.
- The ability of stem cells to keep renewing may pose an increased risk of cancer.

Mark Greener

Few areas of biomedical research hold as much promise, attract as much controversy, or stimulate as much ethical rumination as stem cells. But despite the controversy, stem cells remain the subject of intense research.

According to the UK Stem Cell Foundation (www.ukscf.org), more than 2,000 research papers on embryonic and adult stem cells join the already vast literature each year. Unlike many other areas in basic bioscience research, stem cells regularly prompt lay headlines about the latest ethical conundrum or clinical advance.

Routine stem cell therapy for a wide range of conditions is probably several years away. Yet already some people with motor neurone disease, multiple sclerosis and other crippling diseases pin their hopes on this area of treatment. As Newsnight reported last year, a few desperate people resort to unlicensed clinics and unproven treatments.[1]

This article offers a brief introduction to the science of stem cells to place these stories in context. While it avoids commenting on the moral dilemmas, science doesn't exist in an ethical vacuum, and pharmacists and other health professionals should consider their

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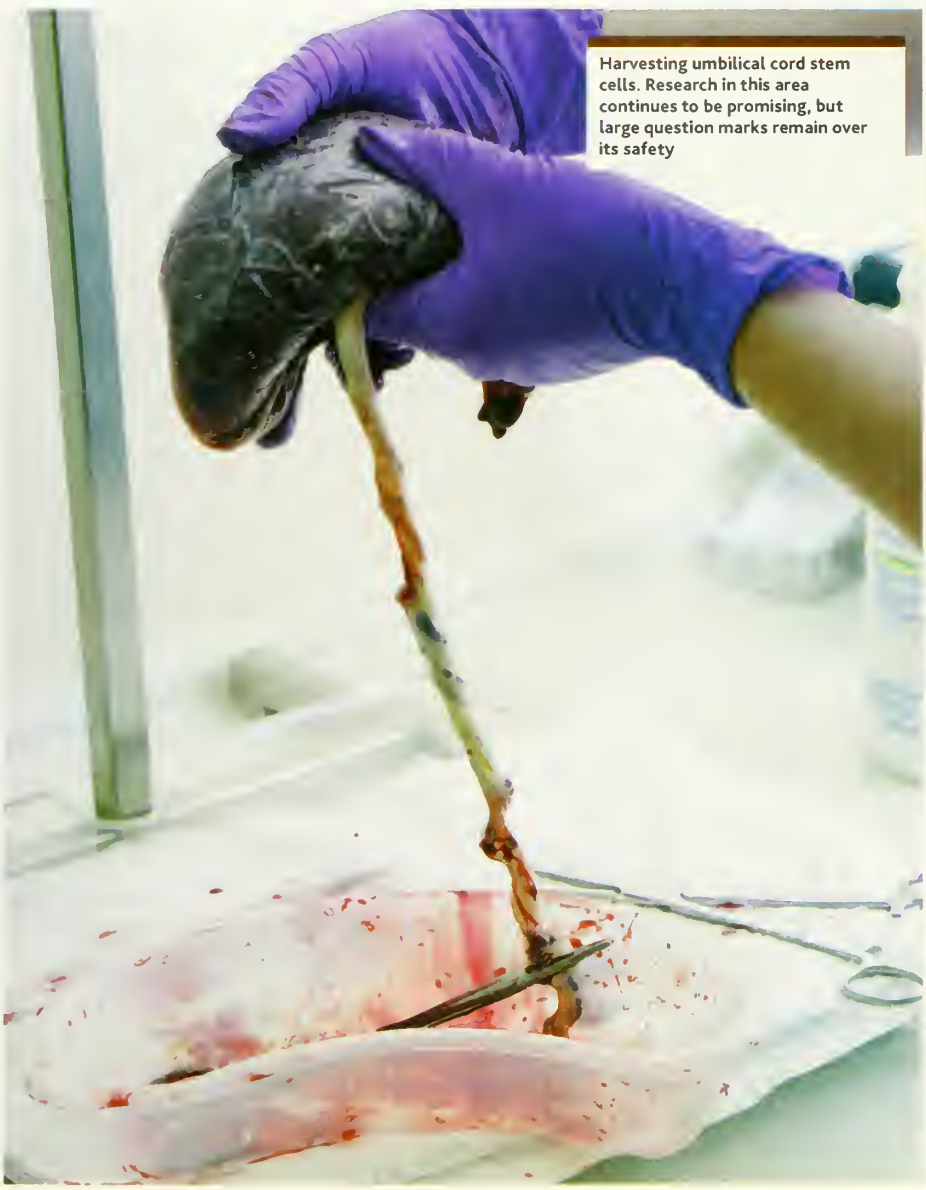
Reflect

What do you tell your patients with dementia, stroke or Parkinson's disease (or their carers) if they ask about the possibility of stem cell treatment for the condition? Are you sufficiently informed to give a balanced view?

Plan

This article gives some basic background to the science of stem cells, what researchers have achieved so far and some of the technical problems still to be overcome.



Harvesting umbilical cord stem cells. Research in this area continues to be promising, but large question marks remain over its safety

Photo: Tek Image/Science Photo Library

Stem cells are a subject [illegible] interested in the future of [illegible] can afford to ignore

What are stem cells?

Stem cell research took off in 1961, when the Canadian researchers Ernest McCulloch and James Till reported that they had isolated 'spleen colony forming units' from mouse bone marrow. Two years later, they had transplanted cells that formed colonies into the spleens of irradiated mice. Many decades on, Mr McCulloch and Mr Till reflected that their research "provided the first functional identification of a stem cell of the blood-forming system" and "set the stage for subsequent research on adult and embryonic stem cells".[2]

Since this seminal discovery, biologists formulated several definitions of a stem cell. However, the two hallmarks first recognised by Mr McCulloch and Mr Till still form the foundation of these definitions. Firstly, stem cells self-renew, that is, they make new stem cells. Secondly, some lose the ability to self-renew and undergo differentiation into an organised tissue or a defined group of blood cells.[2] For example, a haematopoietic stem cell can potentially develop into a lymphocyte, granulocyte, erythrocyte, platelet and so on. The stem cell's fate depends on the local balance of growth factors and other factors. Human recombinant erythropoietin (used to treat anaemia associated with cancer and chronic renal disease), for example, increases the number of haematopoietic stem cells that end up as erythrocytes.

While the media tends to portray stem cells as a new therapy, they're already widely used in certain specific circumstances. In the 1950s, doctors started using bone marrow transplants containing stem cells to renew blood after radio- and chemotherapy. Today, stem cells from bone marrow, peripheral blood or umbilical cord blood are increasingly used for autologous and allogeneic transplantation in more than 100 conditions including acute lymphoblastic leukaemia, acute myeloid leukaemia and several other malignancies, severe aplastic anaemia, severe combined immunodeficiency syndrome and heart disease.

Umbilical cord blood is a rich source of haematopoietic stem cells, although 'neonatal stem cells' are less mature than those isolated from bone marrow. Furthermore, quantities are limited, which hinders the use of umbilical cord blood in adults.[3]

Research takes this approach a step further. Potentially, certain stem cells can develop into a wide range of tissues, provided the biochemical conditions are right. This raises the prospect of treating conditions as diverse as Alzheimer's disease, spinal cord damage and diabetes. First, however, researchers need to overcome some daunting hurdles.

Types of stem cell

After a spermatozoon fuses with an oocyte, a complex, co-ordinated series of cellular changes form the more than 200 cell types in the human body. In other words, a zygote is totipotent – it can give rise to any tissue. Researchers isolate embryonic stem cells from blastocysts, embryos that are five or six days old. Under the right conditions, these 'pluripotent' progenitors can develop into almost any cell type including brain, pancreas, bone and heart.

Further, unlike many adult stem cells, embryonic cells can be cultured for long periods without losing the stem cell hallmarks.[3] Indeed, James Thomson, from the University of Wisconsin, produced the first human embryonic stem cell lines in 1998, and they are still going today. Obviously, however, the use of embryonic stem cells is ethically controversial.

Apart from the ethical issues, researchers need to solve several technical problems. For example, the body may mount an immune reaction against embryonic stem cells. Nuclear transfer aims to avoid this: DNA is removed from an oocyte and replaced with the patient's DNA. The oocyte and new DNA together develop into a blastocyst, giving rise to a source of stem cells matching the patients' immunological profile. Cloning then implants this hybrid blastocyst into the uterus of a host animal.[3]

Nuclear transfer might overcome the immunological problems, but does little to resolve the ethical concerns.

Using adult stem cells, which are present in several parts of the body including the bone marrow, blood and brain, overcomes the ethical problems associated with embryological tissue, but most adult stem cells are more difficult to grow in culture and, being multipotent or bipotent rather than totipotent, they give rise to a narrower range of tissues than embryological stem cells.[2]

Nevertheless, some adult stem cells can change type (plasticity). For example, cultured neuronal stem cells can generate cells with similar appearances (phenotype) and functional responses of pancreatic beta-cells. Stem cell implants seem to reverse experimentally-induced diabetes in animals and humans.[4,5] Similarly, haematopoietic cells can, under the right conditions, produce liver, muscle and brain cells.[2] Mesenchymal stem cells (non-haematopoietic stem cells from human bone marrow) can differentiate into osteocytes, chondrocytes, adipocytes and endothelial cells.

Hurdles and worries

Researchers need to overcome numerous scientific and technical hurdles, quite apart from the ethical issues, before stem cell therapy becomes commonplace clinically. However, researchers are making some important advances. The research is too extensive to summarise here, but the following examples offer a flavour.

In an impressive recent paper, for example, American researchers obtained neural stem cells from human foetal spinal cord, which they grafted into normal or injured nude rats. (These animals don't have a functioning thymus and so don't mount cell-mediated immune responses.) After six months, the human stem cells had migrated into the grey and white matter in the spinal cord, where 75 per cent and 60 per cent respectively showed proteins specific to neurones. Around 10 per cent became neurones; the remainder developed into astrocytes or remained as stem cells.[6] Astrocytes, a type of glial cells, support and nourish neurones in the CNS.

Although promising, the study has some limitations. For example, nude rats do not produce the marked scarring that can hinder nerve regeneration in animals with normal immune systems.

Further, the spinal damage was mild compared to lesions that might follow a road accident, and the authors did not assess the animals' function. Nevertheless, the study, along with similarly promising results from other groups, suggests it might be possible to repair spinal damage using stem cells.

Stem cells also show considerable promise as a treatment for several psychiatric and neurological diseases. Parkinson's disease may be particularly amenable because the cell type responsible for the symptoms and the location of the lesion in the brain are well defined.

Alzheimer's disease, which results in the loss of more diverse cells and more diffuse damage, may prove less amenable.

Researchers also hope that stem cells will emerge as effective treatment for stroke and trauma,[7] among other conditions. To realise this potential, however, researchers need to understand how the local biochemical environment influences stem cell development. In one study, researchers took stem cells from the spinal cord. They implanted these back into the cord or into the hippocampus, a part of the brain involved with memory that shows considerable growth of new nerves. Stem cells implanted in the spine developed into glial cells. Those in the hippocampus showed many features typical of new nerves. This suggests that growth factors and other chemicals secreted by cells in the hippocampus triggered development into neurones.[7] Characterising these factors and unravelling their inter-relationship will take considerable research.

As a final example of the hurdles, some researchers worry that stem cells could trigger cancer. Malignancies seem to arise from a single cancerous stem cell.[2] Almost all cancer treatments target differentiated cells, so studies into cancer stem cells, which share the hallmarks of self-renewal and ability to differentiate into progeny, contribute to our unprecedented understanding of the causes of cancer and raise the prospect of new treatments. For example, certain genes promote differentiation of progenitors into specific mature cell types. The genes are suppressed in stem cells. In normal stem cells, the suppression is reversible but in cancer cells the genes are silenced permanently and

irreversibly. This locks the cell into perpetual self-renewal, which predisposes to cancer.[8]

Such studies underscore the potency of cancer stem cells and why some researchers believe stem cells' "potent self-renewal capacity" may pose "the risk of tumour formation".[4] After all, stem cells are plastic enough to change from a neurone into an islet cell. So, logically, they could also change into a cancer stem cell.[2] There are frequent reports in the published data showing that tumours did not form after stem cell implantation, but it is unclear whether the duration of these studies was sufficient to rule out the risk of malignancies.[4]

As these few examples suggest, stem cell research holds considerable promise. The chance to repair damaged spines or cure dementia once seemed the idle dream of science fiction authors. But despite all the hype it will probably be several years, and researchers need to overcome several scientific, ethical and technical hurdles, before stem cell technology realises its potential.

Nevertheless, the pace of the advances is astounding. Society generally, and healthcare professionals in particular, need to address the issues raised by this remarkable new treatment. Pharmacists can help keep patient's hopes in perspective.

References are available at www.dotpharmacy.com/advances

Mark Greener, a former research pharmacologist, is an award-winning freelance writer and journalist on health-related issues.

Continuing Professional Development CPD

Act

- The website www.isscr.org has a section on frequently asked questions, compiled by scientists specialising in stem cell research, that might provide useful information for you and your patients.
- The website www.ukscf.org gives a basic background to stem cell research, describing its potential uses. There are links to the Department of Health's website where you can read about the government's 10-year research and development strategy from 2006 to 2016.
- Look up and record the meanings of multipotency, pluripotency, totipotency and plasticity.
- Consider your views on the ethics of embryonic stem cell research. When you see the quality of life of patients with severe dementia or Parkinson's disease, do you think this research is justified?

Evaluate

Are you now better informed about what stem cells are and their potential for future clinical treatments? Is this enough information for the present or do you need to take this further by reading some of the references mentioned in the article?

A Practical Approach...

At the Update Pharmacy a man has asked to see the pharmacist. David Spencer comes to attend to him.

"Do you know anything about eyes?" asks the man.

"A reasonable amount, I think," says David. "What's the problem?"

"Have a look at this," says the man, pulling down his lower right eyelid. "Ever seen anything like that before?"

He has a small, solid-looking lump on the rim of the lid, growing inwards towards the conjunctival surface.

"I think so," David replies.

"What is it then and what should I do about it?" asks the man.

"I'll need to ask you a few questions first, just to confirm what I think it is. How long have you had it?"

"I've noticed it there for the last three or four weeks. It doesn't hurt at all, but it's a bit of a nuisance as I'm aware of it all the time, especially as it seems to be growing."

"Have you had any trouble with that eye recently?" asks David.

"Now you mention it, yes. I had a nasty stye just there a couple of months ago, but I went to a chemist and he gave me a tube of ointment that cleared it up in a couple of days. So, how can I get rid of this lump?"

Questions

1. What is the lesion likely to be?
2. What advice can David give about getting rid of it?

Answers ↓

A Practical Approach... this week's answers

1. A chalazion or Meibomian cyst, a cyst of a Meibomian gland that secretes fluid to stop the eyelashes sticking together. Chalazia can develop following a stye. They may become infected, which this one has not, or develop into a sterile chronic granuloma, a firm, painless lump in the lid that gradually enlarges. Initially, it may resemble a stye but is not inflamed. Chalazia usually grow inwards towards the conjunctival surface, which may be slightly reddened or elevated.
2. David can advise either to leave it, as a third of cases resolve spontaneously and virtually all resorb within two years, or to go to his GP to arrange to have it surgically removed under local anaesthetic.

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Steroids may raise risk of pneumonia in COPD patients

Elderly patients with COPD who use inhaled steroids may be at increased risk of pneumonia, a large Canadian study has revealed.

The researchers examined the records of 175,906 patients with COPD, of whom 23,942 were hospitalised for pneumonia during follow-up, and matched them to controls. The effect of inhaled steroids was examined, after adjusting for the effects of age and COPD severity.

Results published in the American Journal of Respiratory and Critical Care Medicine reveal that the adjusted rate ratio of hospitalisation for pneumonia associated with current use of inhaled steroids was 1.7, and the rate ratio for hospitalisation followed by death was 1.53.

Also, patients who inhaled larger quantities of steroids were more likely to be hospitalised.

Ovarian cancer deaths blamed on HRT

HRT may have led to 1,000 extra deaths from ovarian cancer and 1,300 diagnosed cases in the UK between 1991 and 2005, according to an article published by The Lancet.

The figures are reported in the Million Women Study by the Cancer Research UK Epidemiology Unit, Oxford.

The authors observed that users of HRT are also at a 63 per cent increased risk of breast and endometrial cancer, and that these risks should be considered together with the ovarian cancer results.

The researchers assessed data from 948,576 postmenopausal women for five years; 2,273 women developed ovarian cancer and 1,591 died from it. Current HRT users were 20 per cent more likely to develop and die from ovarian cancer than those who had never received HRT.

For every 1,000 women using HRT, 2.6 developed ovarian cancer over five years, compared to 2.2 per 1,000 in women who did not use HRT. One extra ovarian cancer was diagnosed for every 2,500 HRT users, and one extra death in every 3,300 users.

The authors reported that after women stop taking HRT, their risk of ovarian cancer returns to that of someone who has never used HRT.

One-week H pylori treatment enough

The standard European one-week triple treatment regimen for *Helicobacter pylori* is as effective as the two-week regimen favoured in the USA, a new large double-blind randomised study has shown.

Published in Gut, the Italian study recruited 909 *H pylori*-positive patients with duodenal ulcer. The subjects were randomised to receive triple therapy including omeprazole, amoxicillin and clarithromycin.

Four weeks after treatment, histological examination and C-13 urea breath testing revealed that the one-week and two-week regimes were similar in terms of efficacy. Further analysis found that they were also similar for both safety and patient compliance.

Lithium cuts suicide in unipolar disease

A ground-breaking meta-analysis has suggested that lithium may reduce risk of suicide in patients with major depression.

Eight studies including 329 major depressive disorder patients were pooled, together with data from a further 78 patients provided by an Italian research institution.

Results published in the Journal of Clinical Psychiatry revealed that suicide rates in patients treated with lithium were reduced to a fifth of the rate seen in the group not given the treatment.

The study authors concluded that lithium's antisuicidal effects in major depression were similar to those seen in bipolar disease.

In brief

The National Pharmacy Association has published a guide to repeat prescribing, including guidance on how to set up and run repeat prescribing services, a template SOP, a reminder card listing questions the pharmacist should ask patients and a draft letter to local GPs explaining the benefits. http://www.npa.co.uk

The EU licence for Wyeth's conjugate pneumococcal vaccine Prevenar has been extended to include indications for pneumonia and *otitis media*. The existing indications are for prevention of invasive infections such as meningitis and bacteraemic pneumonia.

An NPA stop smoking resource pack previously sent to pharmacists in Northern Ireland and Wales is about to be sent to pharmacists in England. It will include marketing materials, a summary of service options, and survey materials.

An important study published by the BMJ has strongly criticised the use of composite endpoints in trials as potentially misleading, and warned that the choice of endpoint may strongly affect the apparent conclusion. BMJ 2007; 334: 786.

The Welsh Medicines Resource Centre has issued a new bulletin on monitoring anticoagulant therapy in primary care. The bulletin follows the recent NPSA announcement that pharmacists should reference patients' INR results before dispensing warfarin. www.wemerec.org/

Statins may cut respiratory deaths

The immuno-modulatory effects of statins may dramatically reduce patients' risk of death due to COPD and influenza, a large study published by the journal Chest has revealed.

Previously published data has suggested that statins may reduce mortality risks associated with immune responses to certain infections, including influenza, and to COPD.

The new matched cohort study including 76,232 subjects showed odds ratios of 0.6 and 0.17 for pneumonia- and COPD-related deaths respectively.

A National Electronic Library for Medicines commentator reported that the researchers have written that statins might be used in conjunction with antivirals in managing avian flu infection.

The researchers argued that while antivirals have so far proved ineffective in treating avian flu, the immunomodulatory effects of statin treatment might prolong life sufficiently to allow the antiviral to take effect.

Uvistat SPF50 on prescription

Uvistat 5PF50 Sun Cream is now available on FP10 prescription following its approval by the ACB5.

The range has been reformulated using the latest sunscreen technology to ensure good skin tolerance and product stability, claims LPC.

The 5PF50 product was formulated to be non-water resistant (unlike the 5PF20 and 30 variants), making it suitable for babies and young children whose body temperature is primarily regulated via heat loss through the skin.

Uvistat 5PF30 Sun Cream, and the newly released SPF50 Lipscreen are already available on prescription.

The Lipscreen is the only factor 50 lip preparation available in the UK and has the added benefit of being transparent and can help to protect against dry chapped lips and in the prevention of cold sores, says LPC.

Product info:
LPC Pharmaceuticals
Tel: 01582 560393

Sylk steps up pharmacy sales

5ylk natural personal lubricant is aiming to increase its presence in UK pharmacies and is newly available via AAH, UniChem and Phoenix.

The product, available in the UK for more than 10 years, was added to Sigma's offering late last year.

Used predominantly by menopausal women, the product is also aimed at those undergoing treatment for breast or cervical cancer, gynaecological conditions and other disorders linked with vaginal dryness

The product is made from an extract of kiwi fruit and is paraben, drug and hormone free. It is said to be non-irritating, compatible with condoms and stimulate natural secretions to aid lovemaking.

Information leaflets and sachet samples are available.

Product info:
5ylk Limited
Tel: 0870 950 6004
www.sylk.co.uk

Faster plaster for silver healing

Elastoplast has added a Fast Silverhealing product to its portfolio. The plasters are said to destroy bacteria, speed up the healing process and reduce the likelihood of scarring.

A polyurethane gel moistens the wound, encouraging cells to regenerate and helping prevent scars forming. Excess fluid is absorbed but the necessary proteins are left for the wound to heal, says Elastoplast.

Silver particles in the wound pad offer antibacterial activity.

Price: £3.89/5
Product code: 325-6310

Product info:
Beiersdorf
Tel: 0121 329 8800

Slim Fast unveils new figure

5lim Fast ready-to-drink (RTD) milkshakes have been relaunched by Unilever with a new curvy bottle.

The shakes account for 40 per cent of the 5lim Fast business. Timed to coincide with the May dieting season, the new bottle format will be supported with a £2 million marketing spend, spanning press, online and in-store activity.

The new format is expected to attract new and lapsed users to the brand. 5ince its relaunch in May last year, the brand has experienced growth of 21 per cent.

The new bottles are expected to drive this further. 5lim Fast claims the number one spot in the slimming aids category, adds Unilever.

Product info:
Unilever UK
Tel: 020 8439 6100

Simple goes interactive

Beauty and skincare brand 5imple is claiming a UK first with the launch of its online community, www.simplycity.me.uk

The site invites consumers to become virtual brand managers, taking decisions on advertising campaigns and packaging designs. Registered users of the site will be entitled to product selections at discounted prices. Each month, a short survey will run. 'Talk' and 'Top Tips' sections allow visitors to communicate and contribute their tips on simplifying life.

Product info:
Acantia Health and Beauty
Tel: 0121 327 4750

Products in brief

Listerine's new sensation

A softmint sensation flavour has been added to the Listerine mouthwash range.

The new product is expected to attract 750,000 new users to the mouthwash category in its first year, says Pfizer. The new flavour is milder than existing variants but with the same anti-plaque strength, said to reduce plaque by up to 56 per cent more than brushing alone.

5upporting the launch is a multi-million pound integrated advertising and PR campaign.
Prices and Pip codes: £2.39/250ml, 325-1071; £3.99/500ml, 325-1139
Pfizer, tel: 01304 616161

Entry-level Sensitive

The Vitality 5ensitive Clean is a new entry-level power toothbrush from Oral-B. Its development came as a result of consumer health that found 17 per cent of people in the UK claim to suffer with sensitive teeth. The brush is fitted with the brand's 5ensitive head, designed to give gentle cleaning between the teeth and along the gum line.

5upporting the launch, print advertising, in-store support and PR activity are planned.
Price: £24.99, Oral-B Laboratories
Tel: 01932 896000
www.oralb-vitality.co.uk

TV and press support for Quattro shaving systems

Wilkinson Sword is investing in a multimillion pound TV and press advertising campaign for its Quattro Titanium Energy male shaving system and its Quattro shaving system.

A 30-second TV ad for the male variant is on screen this month around male interest programmes. National press advertising is highlighting a half price promotion on the product this month and next.

The women's variant is supported by a 'Sushi bar' ad creative. Targeting women aged 16 to 34, the TV advertising is reinforced by consumer press advertising and sampling activity, as well as a half price promotion.

Product info:
Wilkinson Sword
Tel: 01494 533300

More choices from Movicol

Movicol Plain (macrogol 3350, sodium bicarbonate, sodium chloride, potassium chloride) has been launched by Norgine Pharmaceuticals. The P product is indicated for the treatment of chronic constipation and faecal impaction. It provides the same efficacy as Movicol but is unflavoured and unsweetened, allowing patients to add a flavour of their choice to the mixed solution, says Norgine.

Product info:
Norgine Pharmaceuticals
Tel: 01895 826600

Prices and Pip codes:
£6.95/30, 325-7672; £11.60/50, 325-7680

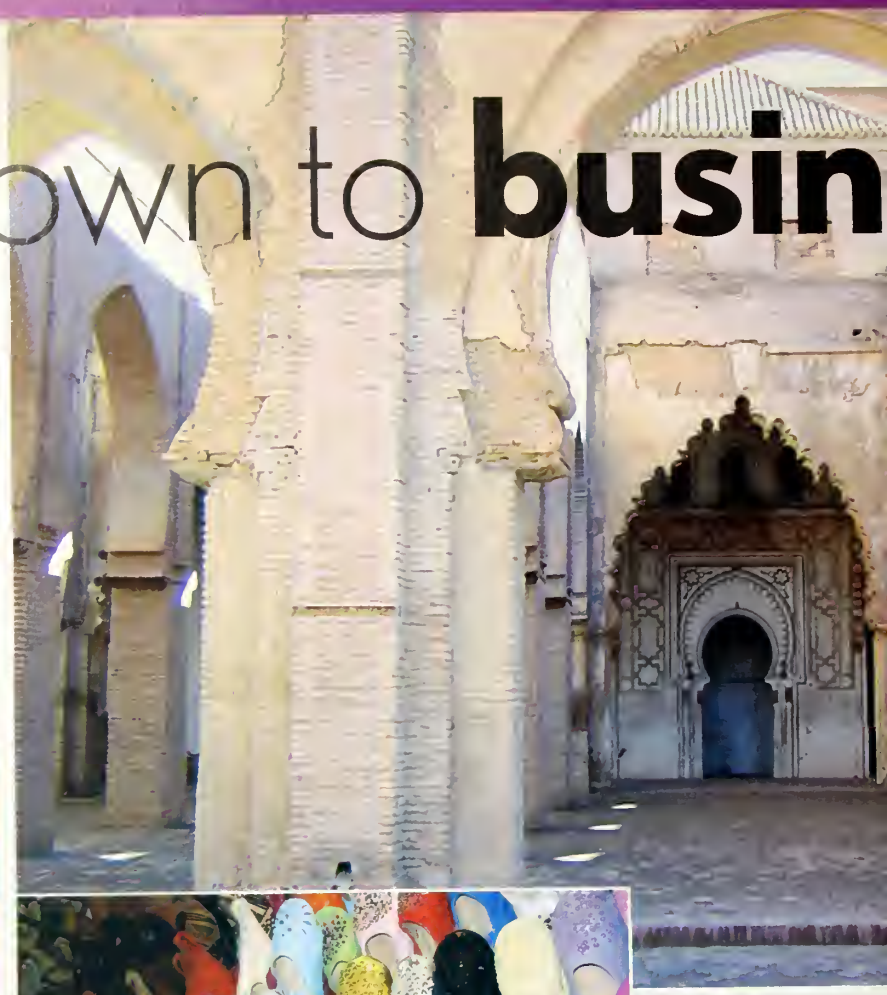
Products advertised on TV next week

Buscopan: All areas except five
Deep Heat: C4,GMTV,Sat
DulcoEase: GMTV, Sat, Five
Frontline: All areas
Gaviscon Double Action: All areas
Haliborange Omega-3: GMTV, Sat
Kwai: GMTV, Sat
Lyclear SprayAway & Repellent: GMTV, Sat
Seabond: All areas
Zantac: All areas
PharmaSite for next week: Bazuka – windows, Bazuka – in-store, Allergan Refresh – dispensary
Pharmacy channel: Vega Nutritionals, elave, Complan, Ibuleve

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Getting down to busin

Fiona Salvage picked up some valuable business tips at the recent Avicenna conference in Marrakech



Above: the ancient mosque of Tin Mal, built in 1153, is currently undergoing restoration after centuries of conflict and neglect

Left: choice is everything in the souks of Marrakech

Implementing the new contract

Chandra Nathwani

How he tackled the new contract

- Did a premises refit – to include consultation room.
- Sought accreditation – training to do MURs.
- Retrained staff – had to train them to do other things than just dispensing, tasks that Mr Nathwani had thought only he could do.
- Stress – Mr Nathwani had to learn to cope with the change, took time off work to assess situation and plan ahead, joined a gym to get fit and meditated to lower stress levels.

The problems he faced

- Premises – the cost and the impact of the project, coping with loss of sales before, during and after refurbishment, more stressful than the new contract itself.
- IT – cost and a change from DOS-based system to integrated three terminal network with phase 1 ETP compliance.

How he did it

- Staff – your biggest asset. They took on new roles delegated by Mr Nathwani – but there must be enough of them to help you – and he retrained and motivated them.
- Technology – CCTV freed up staff from the counter for a dispensary role and EPoS freed up staff from stocktaking and ordering.
- Delegation – as much as possible to free up Mr Nathwani to plan ahead.
- Business plan – to map out what had to be done.

Where is he is now?

- Provides essential services.
- Provides advanced services – MURs.
- Provides enhanced services – minor ailments; and a phenomenally successful EHC PGD to under 20-year-olds that has helped Ealing PCT see a decrease in teenage pregnancies for the first time.
- Happy – Chandra has professional satisfaction.

Where to now for Mr Nathwani?

- Further enhanced services – smoking cessation, obesity management, disease management, health promotion, public health
- Practice-based commissioning
- New income streams – training carers
- New lines – Slimobility
- Promoting POM to P switches
- Pharmacy Champions in C+D – uses it to benchmark himself and get ideas
- Manufacturers' support – they are also stakeholders and have [illegible] pharmacists deliver

Care homes – a new opportunity?

Hatul Shah

Sigcare is a new service being offered to independent pharmacies to help them provide dispensing services to residential or nursing homes with the minimum of effort, announced Hatul Shah at the Avicenna conference in Marrakech.

For a successful business you don't have to do different things, he said, you do things differently. Don't compete with the grocers on shampoo offers, look for new areas of pharmacy to compete on.

Sigcare, he said, was a service that takes prescriptions from the care home and provides blistered medication according to the prescription, provides the packaging (Surgichem), provides MARS sheets and delivers them to the pharmacy. The service is covered by a technicality and confidentiality agreement, which prevents Sigcare bidding for the service against the pharmacy.

The running costs, he said, are £2.50 per patient set-up fee, then £1 per item. The medicines are charged at normal cost price on Sigma stocked lines and a discount on branded lines.

Once you supply the care home, there are other services that they could benefit from, added Mr Shah, such as trolleys, cabinets, hiring wheelchairs and buying incontinence pads.

> "Write to them [the DH] and tell them the problems of category M"

Interact with the Department of Health

Bharat Shah

Pharmacists don't interact with the Department of Health enough regarding category M, claimed Bharat Shah, managing director of Sigma Pharmaceuticals.

Write to them and tell them the problems of category M, he challenged. He warned that the current discrepancies between reimbursements of pack sizes are likely to end as the DH goes for a price per tablet rather than separate pricing for packs.

He added that by buying brands instead of generics when the price difference made it attractive would be a short-term gain but a long-term loss as the generic price for those products would go up, but force others down to compensate.

However, opportunities do exist, and they currently lie in the recalibration timing, exclusive products and new generics coming off patent, he revealed.

In the future, more changes are afoot he warned. June 2007 will see changes to the Stoma and Incontinence appliances Part IX section and potentially sooner than this a list of 150 specials will enter the Drug Tariff with their prices harmonised. The review of PPRS in 2010 could create margin problems as brands are priced at 25 per cent above category M prices and prescribers, sensitive to their budgets, will prescribe more brands, he warned.

Be **half full** pharmacists

Jeremy Main

Your mindset is the key to achieving success in your pharmacy, Jeremy Main, sales and marketing director at UniChem, told delegates at the Avicenna conference in Marrakech.

"Are you half full or half empty?" Mr Main asked the audience. You need to engage with all the stakeholders in healthcare, he said, such as PCTs, GPs, technology providers and other healthcare professionals, as their roles are being redefined and changing. However, this is offering new opportunities but also requires innovation, teamwork and thinking outside the box.

"It's all about mindset. You cannot afford to be reactionary!"

Be proactive when it comes to practice-based commissioning, he said. Be in a position to influence the planning process, he said, as PBC is the thrust and the future of what will happen in primary care.

A central point for pharmacies is creating the right venue for the treatment required, he said, adding that modernising premises and making them bigger and better was very important.

Engagement is key, he said: "Pharmacy needs to engage to ensure its role. Have an action plan and be aware of what's going on." Look to existing examples for ideas, such as the Coventry weight management programme. This involved numerous stakeholders but was initially driven by an independent pharmacist. Just ensure you get a united front, he concluded.

Business **planning**

Shiraz Hirji

If only 40 per cent of Avicenna members who returned the membership survey said they had a business plan, what were the excuses of the other 60 per cent, asked Avicenna's Shiraz Hirji on the second day of business at the conference in Marrakech. "It's in my head!" "I've no time." "What for?" "What is it?" "I've no expertise."

So what is a business plan?

- It is a financial plan of action for the future.
- It is a corporate plan, at the macro level.
- It is a financial plan, at the micro level.
- It covers from one year to three years or to five years.
- It focuses the mind, motivates, encourages and forces positive action.

Why should you have one?

Mr Hirji explained that it was necessary to plan your actions against the threats and other issues affecting the business now and in the future, such as competition from multiples, reduction in income and loss of goodwill in the business. Other issues such as stress, capital investment and no immediate returns need to be taken into account and planned for, he said.

So how to go about it?

- Recognise threats and opportunities.
- Write down financial impacts.
- Define objectives – one year and five years (define what you want to do).
- Get a clear idea of how to implement your objectives.
- Identify additional areas of income.
- Predict what the sales will be from last year's profit and loss account.
- Use your accountant to help with the financial aspects of forecasting profit and loss, balance sheet, and cashflow to ensure you have enough money to do what you want to do.

Monitoring the plan is an important step that is often forgotten about, but is vital to identify whether you are achieving what you set out to achieve, said Mr Hirji. You need to ensure you can detect weaknesses early on, not at the end of the financial year when it is too late, and you can take action on any adverse variances such as salaries or sales figures.

The theory and practice of the business plan can also be used to plan for other eventualities in the future, such as retirement or your exit strategy, said Mr Hirji. It can also be useful in tax planning, and maximising goodwill, which is no longer dependent on script volume but on type of script and other income sources, he warned.

The business plans and budgets can also be useful when selling your pharmacy, as the prospective purchaser can review them and assess how well you have been achieving against the budget, he concluded.

Treating little pains

In part one of a feature about childhood ailments, Sarah Purcell looks at pain and fever and suggests ways for health professionals to offer parents advice and reassurance

A survey by Calpol found that 87 per cent of parents ask for professional advice about their child's ailments. Pharmacists are often the first point of call so it's essential to keep your knowledge up to date.

There has been much debate on the efficacy of alternating paracetamol and ibuprofen to reduce fever in children. A paper published in the Archives of Pediatric and Adolescent Medicine last year found an alternating regimen of both drugs lowered fever faster than either drug alone in children aged six to 36 months. However, another study, published in the Archives of Disease in Childhood last year, concluded that the combined use of anti-pyretics did not warrant routine use. Yet many GPs are convinced of its benefits and an increasing number of parents are using these analgesics in combination on their children. The concern, though, is that many parents aren't using the right dosage or spacing doses correctly.

A study published in the Journal of Advanced Nursing (2006), which looked at parents' knowledge of fever, found that while there has been some improvement in correct anti-pyretic dosing in the past two decades, overdosing has almost trebled. Incorrect dosing with combined paracetamol and ibuprofen was extremely common and more than half of children with fever were given incorrect doses of anti-pyretics by their parents.

> The concern though, is that many parents aren't using the right dosage

If parents are using combined analgesia, it's important to check they understand how to use it correctly and pharmacists are well placed to give this advice. Caroline Green, brand manager for Medised, says: "From research we've conducted, we found that first time mums were still confused as to what was the best medicine to use for their child, regardless of the information they have been given from health professionals during their pregnancy."

Confusion about fever

Many parents still don't know how to differentiate between a mild fever and a high temperature that needs medical attention. You can remind them that a fever is classed as a temperature over 37.5°C and that if it reaches 39°C they should contact their GP. Parents should always get medical help for fever in a baby of under three months.

It can be hard to tell whether a child has a fever just by touching their body, so you can recommend the purchase of a thermometer to take out the guesswork.

Correct dosage

So what can pharmacists do to ensure parents administer the right dosage to their children? "As the pharmacist is not going to be present when the parent administers the medicine, it is essential they continue to give out valuable advice when the medicine is purchased. With many medicines going GSL, this opportunity is decreasing. Measured doses in sachets, as well as the measuring spoons and syringes in packs, help to reduce the risk," says Ms Green.

Children's analgesics market

Last year some 7.75 million consumers purchased children's analgesics, up 550,000 on the previous year, according to Pfizer Consumer Health. The average spend has risen by 50p to £6.48. "We believe the current children's medicine market is set to grow as more parents turn to self-treating their children," says Calpol senior brand manager Christina Matula-Hakli.

Euromonitor values the child-specific analgesics market at around £60 million. Paracetamol-based products account for around 90 per cent of sales.

IRI puts the value of paediatric analgesics at £68m, with growth of 4.2 per cent. Pharmacy is currently down by 2.9 per cent, with growth coming from grocery at 16.7 per cent.

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ABIDEC MULTIVITAMIN DROPS PRODUCT INFORMATION. **Presentation:** Abidec Multivitamin supplement containing retinol, ergocalciferol solution, thiamine hydrochloride, riboflavin, pyridoxine hydrocholoride, nicotinamide, ascorbic acid. **Indications:** Multivitamin supplement preventing vitamin deficiencies and maintaining normal growth and health during infancy and childhood. **Dosage and administration:** Infants and children up to 12 years. Infants under 1 year: oral. One 0.3ml dose taken daily. Children aged 1 to 12: oral. One 0.6ml taken daily. **Contra-Indications:** Hypersensitivity to the product or any components including peanut oil. **Precautions and Warnings:** Food supplements are intended to supplement the diet and should not be regarded as a substitute for a varied diet. Allowance should be made for vitamins obtained from other sources to prevent hypervitaminosis. Should not be taken by patients with a known allergy to Arachis oil (peanut oil), or by patients with an allergy to soya as there is a possible relationship between allergies to soya and peanuts. Keep out of sight and reach of children. Store in a cool dry place. **Side effects:** Not anticipated with the quantities present. **Interactions:** None known. **Pregnancy and lactation:** Not indicated. **Packaging quantity and cost:** 25ml; £3.29 (RSP) **MA number:** PL 02855/0015 **MA Holder:** Chefaro UK Ltd, Tower Close, Huntingdon, Cambs PE29 7DH. **Legal category:** GSL. **Further information is available from:** Chefaro UK Ltd, Tower Close, Huntingdon, Cambs PE29 7DH. +44 (0)1480 421800. **Date of preparation:** January 2007.

ABIDEC MULTIVITAMIN SYRUP WITH OMEGA 3: food supplement, 125ml, lemon flavour, RSP £4.99. **ABIDEC MULTIVITAMIN CHEWY CAPSULES WITH OMEGA 3:** food supplement, 30 capsules, orange flavour, RSP £4.99. January 2007.

Medicines for children

More medicines designed for children will be available across Europe, with much of the paediatric research due to take place in the UK now that new EC legislation has come into force. But what are the implications of the new guidelines?

According to the ABPI, more than 90 per cent of children in neonatal intensive care receive off-label or unlicensed medicines, while this is also the case for 45 per cent of medicines in general paediatric wards and 10 to 20 per cent of the medicines prescribed by GPs.

The new EC legislation, which came into force in January, will change this situation, increasing the supply of medicines licensed for paediatric use thanks to research incentives for manufacturers.

"It should see much more information generated from appropriate studies of children of different age groups and when scrutinised by regulatory authorities should lead to many more marketing authorisations of age-appropriate formulations for children," says Dr Vanessa Poustie, assistant director of the Medicine for Children Research Network.

"The new legislation will have a significant impact. All medicines will need a Paediatric Investigation Plan (PIP) plan and will lead to a big increase in the amount of specific formulations for children. In the future this will reduce the need for off-label prescribing and therefore the number of adverse side effects," says Matt Worrall at the ABPI. "We'll see a steady reduction in use of unlicensed medicines and expect the first paediatric formulations to start coming through from mid-2008." It will mainly be reformulations rather than new drugs, with different formulations for the various age groups.

Product news

The Calpol range of analgesics gives parents a choice of formats as well as sizes. As well as GSL products, both Calpol and Calprofen are available in P 200ml packs, while Calpol SixPlus Suspension 100ml and Fastmelts 24s are also available on prescription. The ibuprofen product Calprofen is showing significant growth of 35 per cent in the last year and the 100ml bottle is now available GSL.
Pfizer Consumer Healthcare, tel: 01304 616161

The Calpol Digital Ear thermometer is the first product launch for Calpol outside of the pain and fever market, taking the brand into the first aid category. It takes a reading in one second and incorporates a fever alarm that sounds when the temperature is too high or too low. It can also be used when a child is sleeping. The thermometer market is valued at £8.2 million, with health professionals recommending digital ear thermometers as the most accurate way to take a child's temperature.
Pfizer Consumer Healthcare, tel: 01304 616161

Medised combines paracetamol 120mg with diphenhydramine hydrochloride 12.5mg to give pain relief and also aid restful sleep, making it a popular choice with parents. It can be used from three months to 12 years.
SSL, tel: 0870 122 2689

Which areas will benefit?

"Children's cancer has already benefited significantly from clinical trials since most children with cancer in the UK receive medicines as part of a clinical trial. It is the many other areas of paediatrics where disease is rarer and patient numbers smaller that will benefit from the new regulations. Neonates, particularly pre-term, are one example of a group that will benefit," says Dr Poustie. "Particular areas set to benefit include hypertension, gastroenterology and neurology."

One of the functions of the new Paediatric Committee set up under the new EC legislation is to identify areas of unmet therapeutic need and to establish research priorities. The new MCRN Clinical Studies Groups (www.mcrn.org.uk for more details) will perform a similar function in the UK.

What the legislation means

- Companies that test medicines for children will get an extra six months market exclusivity for medicines under patent. From July 2008 this research will become compulsory.
- For medicines that are out of patent, companies that licence them for use by children will get 10-year paediatric use marketing authorisation.
- The EC legislation makes distinctions to ensure that medicines target the very different needs of the various age groups from premature babies through to adolescents.
- Every medicine that is submitted for a licence in Europe will now need a detailed Paediatric Investigation Plan (PIP) that specifies for which age groups that medicine will need to be studied before it can be made available to patients.

Colic cures

Did you know that the average baby cries for 51 days solid in the first year of life, typically for five hours a day during the first three months?

A survey carried out on behalf of Colief found that 38 per cent of babies suffered badly with wind and 22 per cent had colic.

Government guidelines on treating colic now include eliminating lactose intolerance as a cause. Treatment involves adding lactase drops to expressed breast milk or prepared feed daily for a week to see if this makes a difference.

Symptoms of colic include uncontrollable crying (often at the same time each day), red face and knees drawn up to the tummy.

C+D Green Survey

Cut Carbon Challenge

Win £300!

The most intelligent species on the planet is at last waking up to the problem of climate change. From the man on the street to big business, political parties and international organisations, there is a growing recognition that the human population needs to come up with solutions, and fast.

Social justice is now a prerequisite for businesses that want to get tomorrow's well-informed consumers on side. Pharmacy is no different and, as blue chip companies tackle their carbon footprints, we must take up the green baton and show that we care about the health of our communities in more ways than one. C+D will examine pharmacy's green credentials in a month-long special starting on May 19, kicking off with the results of the Cut Carbon Challenge Survey.

Thank you for your participation.

Gary Paragpuri
Editor

You and your pharmacy
Part 1 of 5

1. Are you concerned about your energy efficiency?
- ☐ Yes
- ☐ No

2. Have you taken or are you planning to take steps to reduce the environmental impact of your business?
- ☐ Yes
- ☐ No
- ☐ Not yet
- ☐ Don't know how

3. How should pharmacy offset its carbon footprint?
- ☐ As part of a national strategy for all businesses
- ☐ Through national pharmacy contracts
- ☐ As part of a local PCO initiative
- ☐ It should be down to the individual pharmacy

4. Should green initiatives be rewarded in your national pharmacy contract?
- ☐ Yes
- ☐ No

5. Do you think that championing your green status will win you more customers?
- ☐ Yes, it will make a huge difference
- ☐ Yes, it will have some impact
- ☐ No difference at all
- ☐ Don't know

Energy use
Part 2 of 5

6. How many electrical appliances in your pharmacy?
- ☐ 0-3
- ☐ 4-6
- ☐ 7-10
- ☐ 11+

7. How many light bulbs in your pharmacy?
- ☐ 0-3
- ☐ 4-6
- ☐ 7-10
- ☐ 11-15
- ☐ 16-19
- ☐ 20+

8. How energy efficient are your electrical appliances and light bulbs?
- ☐ All appliances and bulbs are energy efficient
- ☐ Only the bulbs are energy efficient
- ☐ Only the appliances are energy efficient
- ☐ Some appliances and some bulbs are energy efficient
- ☐ None of the appliances or bulbs are energy efficient
- ☐ Don't know but would like to know more
- ☐ Don't know and don't want to know

9. Does your business get its energy from a green supplier?
- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Something I intent to look into
- ☐ This is down to head office

10. Are you able to control the temperature in your pharmacy?
- ☐ Yes, can do it manually
- ☐ No, it is set automatically
- ☐ No, but would like to have control

Travel
Part 3 of 5

11. What different forms of transport do you and your staff use to get to work?
You may select more than one answer
- ☐ Car – petrol
- ☐ Car – diesel
- ☐ Car – LPG
- ☐ Car – hybrid
- ☐ Motorbike/scooter
- ☐ Walk
- ☐ Cycle
- ☐ Public transport
- ☐ Lift share

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Green Survey

12. If your pharmacy has a home delivery service, what type fuel does the vehicle use?
- Petrol
- Diesel
- LPG
- Hybrid
- Bio fuel
- Electricity
- Hydrogen fuel
- No vehicle

13. How many miles does it do in a week?
- 0-5
- 6-10
- 11-20
- 21-30
- 31-40
- 41-50
- 50+

Recycling
Part 4 of 5

14. What waste do you recycle at work?
You may select more than one
- Paper
- Cardboard
- Plastic
- Metals
- Glass
- Clothing
- Batteries/electrical

Suppliers and products
Part 5 of 5

15. Would you switch to a wholesaler that did more for the environment?
- Yes
- No

16. If you had the choice, would you buy any of the following from a greener supplier, even if it cost more?
- Generics
- OTC products
- Toiletries
- Consumables (washing up liquid, gloves, paper bags)
- Business stationery
- Staff uniform
- Shop fittings
- Point of sale material
- None

17. Do you stock 'green' products?
- Yes, customers want them
- No demand
- Not cost effective
- Can't find a supplier
- Quality not good enough
- Can't see the point

Thank you for your time and valuable input

If you wish to enter our draw to win a cash prize of £300 please complete all details below and send the form in to the FREEPOST address below to reach us by April 31. Alternatively, you can fax back your form on 01732 367065. Winners of the draw will be notified by May 19.

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Chemist + Druggist (Classified),
CMP Information Ltd
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[illegible] a rant about labelling, and homoeopathy for [illegible]. Has the Plonker finally had one too many? Read on and you'll find out .

Breathe easy

The Plonker

You may not have come across this phenomenon yet but you soon will have: it's becoming the essential boast for trendy wine makers It's called biodynamic viticulture and is based on the proposition that the vineyard is a self-contained living organism which has to be managed according to cosmic rhythms while being fed on tiny amounts of magic compost – it's the furthest outpost of the organic wine movement.

In practice, biodynamic methods can be, to say the least, a bit odd. Diurnal and seasonal cycles rule everything that goes on; compost can only be used when the moon, earth, Taurus, Capricorn or Virgo are all in the correct disposition and the resultant wine bottled under Leo. The compost is made from dung and silica, which is stuffed into a cow horn then buried in the vineyard for six months. The resulting goo is dissolved, diluted and sprayed on the vines. Oh, it also has to be dynamised first by stirring, but only in the correct direction of course – any of this sound familiar?

Is all this trouble worth it? Well I have to confess to having a deep scepticism the first time I heard all this claptrap, but you might be shocked to hear that having tasted some of the results I'm beginning to think that there might just be something in it after all, just like homoeopathy.

Here's my theory. Anyone bonkers enough to expend all that tender loving care on their grapes (up all night harvesting while the moon passes through Sagittarius for a start) is likely to take the same care when they are turning them into wine. The result can be a perfectly crafted, refined wine, which actually tastes pretty good. Has this got anything to do with biodynamic principles? I doubt it, but here are the tasting notes:

- Borie de Maurel, L'esprit d'Automme 2005 Minervois (Oddbins £6.99). This was a real gem packed with red fruit and with the velvety texture and flavour of hot chocolate. Mrs P and the Planquettes (you'll remember they are the glamorous 20 somethings) loved it. We gave it eight for pleasure, eight for value and eight for buy again
- Belleruche Cotes-du-Rhones (M Chapoutier) from Waitrose and Oddbins at £6 79. Another gem, very soft on the palate, minimal tannin and good raspberry/blackberry fruit (8-7-7)
- The classy stuff from Berry Bros & Rudd (BBR): a white burgundy called Vire-Clessé Sous les Plantes 2004 (£1[illegible].95) Lovely Maconnais Chardonnay, not too overpowering and great with creamy chicken dishes or meaty fish like salmon or daurade. Scoring 8-6-6, it was yummy but a bit pricey.
- I found this Alsatian beauty in one of our local specialists. It's a Pinot Blanc made by Domaine Mittnacht Freres in Hunawihr, a great advert for the biodynamic movement, quality stuff and a bargain at £8.25 (8-7-8). BBR also stocks this nectar, try it and you'll understand why.
- Not quite biodynamic but made with buckets of TLC in a chemical-free vineyard is Sole Alto di Mario Donati 2005, a brilliant Trentino white for £9.90 from Italian specialists www.apenninewineshop.com It's outstanding for the purity of its flavours. We drank some with grilled turbot, yummy (8-6-8).
- Back to the non-organic world with a terrific everyday white from M&S. It's mass produced, it's blended and it's great value at £4.99 – Pheasant Gully Chardonnay/Semillon Bin 109, 2006. It's young, fresh and zesty, just like Mrs P!

Now to something a bit more scientific. Does allowing a wine to breathe and aerate really have any effect? Well just try this experiment the next time you buy even the cheapest bottle of red – the M&S Gold Label Merlot (£3.99) reviewed a couple of months ago is still around and would be ideal:

- Open the bottle and pour out a good mouthful.
- Taste it in the usual way – plenty of air mixed in the mouth and a good swish over your tastebuds.
- Remember the sensation.
- Pour the rest of the wine into a decanter if you have one (if not, use that horrible cut glass vase Great Aunt Maude gave you for Christmas).
- Let the wine settle for a short while, say 30 minutes, and taste again.

I guarantee that you'll notice the difference. If decanting is too much bother, all you need to do is open the bottle, pour a glass and leave it for 30 minutes before drinking, if you can wait that long.

But what's going on? Well, oxygen is working its magic on the structure of the wine, softening the edges and bringing out the true flavours. Too much oxygen and the wine will be ruined, none at all and you'll taste the first crude wash of flavour as the wine gets used to its new surroundings in fresh air.

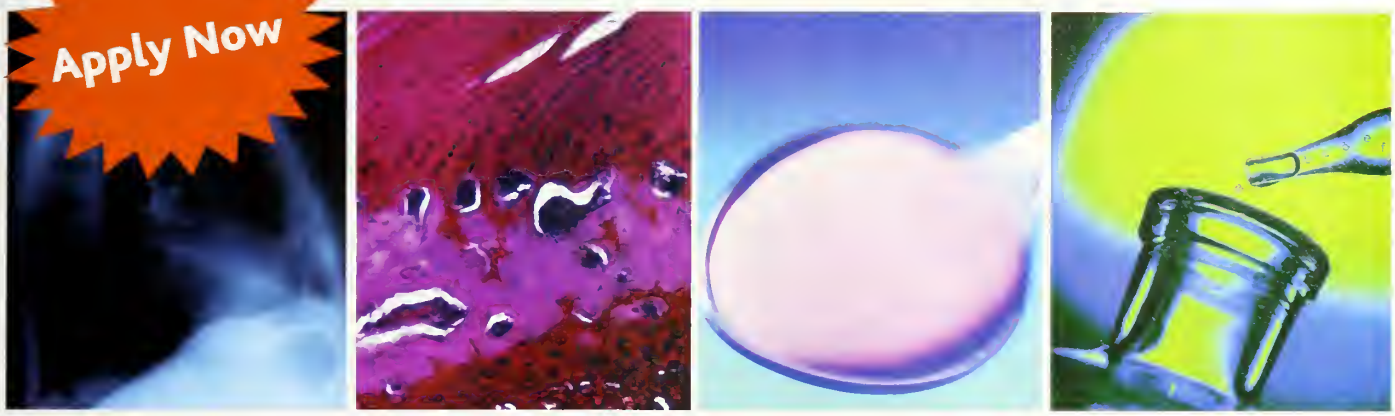
Inevitably, there are some rules about decanting. Generally speaking all young wines will benefit, spicy reds in particular. Young whites less so, although still worth the bother. Older, very classy reds don't take well to an airing. They are the grumpy old gits of the wine world and their fragile moods can change very quickly if allowed too much excitement, so no outings in the fresh air for them.

Talking of grumpy old gits, a ranting Plonker qualifies on all counts (just ask Mrs P), but I'm sure I'm not the only one to find wine labels utterly inadequate – they simply don't tell you what you want to know! Try buying organic or biodynamically produced wines in supermarkets and off-licences and you'll soon see what I mean. M&S has improved its organic range a bit; it at least uses the French ECOCERT certification system. Sainsbury's is hopeless at identifying its organic range and my local Oddbins had hand-written the word 'green' on a piece of green card – well at least they tried.

As for European wine makers confessing to the grapes they use, forget it. Wine trade, please wake up and start to make life easier for us poor consumers. Simple labels, good quality information and clear in-store signposting – it's not too much to ask is it? Let's hope this month's wine heroes are showing you the way.

This month's wine heroes (they must have read the rant!) are the people behind a firm called D&D wines. They are bravely attempting to demystify French wine by actually labelling them with the grape variety. Now why didn't the good burghers of Bordeaux think of that one before I wonder? The range is called Maison Bouey and will be appearing in a wine shop near you very soon.

Wine shop of the month is an enterprising bunch called [illegible] Organico, based in Amblesi[illegible]. Their speciality is [illegible] mail order as yet, [illegible]?



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